
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____
SMALL CLAIMS DEPARTMENT

Plaintiff(s),
vs.

Defendant(s).

Case No. _____

AFFIDAVIT OF SERVICE OF:

- CLAIM
- SUMMONS
- ANSWER FORM
- INFORMATION FOR DEFENDANTS
- OTHER: _____

Note: Either use a separate form for each Defendant served, or include information on this form as to how each Defendant was served.

I, _____, being first duly sworn, depose and state:

I am over the age of 18 years, and I am not a party to this case nor an employee of a party to this case.

On _____ (date), I served true and correct copies of the documents indicated above on _____ (name of Defendant) by:

Personal delivery to _____ (name of Defendant) at _____ (location where process served).

Personal delivery to _____, a person over the age of 18 years, at _____, the usual place of residence of _____ (name of Defendant).

Personal delivery to _____, the Defendant's authorized agent for service of process, at _____ (location where process served).

I am charging the Plaintiff(s) \$ _____ for this service.

Typed/printed

Signature of Process Server

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Deputy Court Clerk or Notary Public for Idaho
If Notary, Residing at _____
Commission expires _____